

1	2	3	4	5	6	7	8
21.	Maharashtra	131537	117554	130676	143766	144564	69051
22.	Manipur	2766	5556	5095	5042	4639	2238
23.	Meghalaya	2760	2730	2669	3800	3889	1926
24.	Mizoram	1263	1456	1631	2035	1942	974
25.	Nagaland	1035	933	1763	2707	2770	1320
26.	Orissa	19474	27152	27080	43238	44501	22000
27.	Pondicherry	3212	2544	2322	1203	1462	840
28.	Punjab	27885	20000	22449	23304	30764	17864
29.	Rajasthan	84655	93462	98144	105596	104315	54506
30.	Sikkim	1640	1250	1403	1724	1572	751
31.	Tamil Nadu	77574	80895	89616	96639	92540	45855
32.	Tripura	1947	1032	1197	924	1730	1093
33.	Uttar Pradesh	206197	207670	153459	164406	182723	112472
34.	Uttaranchal	0	14725	11194	10872	10825	5948
35.	West Bengal	73275	81485	89836	104026	107337	56804
TOTAL		1118664	1129076	1147223	1257532	1305277	698114

Note:—The increase in reporting of TB Cases in comparison to previous year is attributed to increase in access to RNTCP as well as good case detection rate due to improvement in the Programme management and the Programme becoming more popular.

### Survey report on maternal mortality in the country

361. SHRI K.E. ISMAIL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the maternal mortality ratio has been very high despite various measures being taken for lowering the maternal deaths particularly in the Northern and Eastern States;

(b) if so, what are the details of the findings of a survey conducted by the Registrar General of India in this regard;

(c) whether it is a fact that at this rate, the goal set by the National Rural Health Mission (NRHM) can not be met; and

(d) if so, the details and Government's reaction thereto?

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI):** (a) to (d) As per the official estimates of Registrar General of India (RGI), the Maternal Mortality Ratio has declined from 407 per 100,000 live births (1998) to 301 per 100,000 live births (2003). MMR as estimated for major states by the Registrar General of India for the year 1998 and 2002-2003 (Sample registration System) are given in Statement (See below).

The key findings of the report: "Maternal Mortality in India: 1997—2003, trends, cause and risk factors" are as under:

- About two-thirds of maternal deaths occur in a handful of states i.e. Bihar and Jharkhand, Uttar Pradesh and Uttaranchal, Madhya Pradesh and Chhattisgarh, Rajasthan, Orissa and in Assam.
- The Maternal Mortality Ratio has declined from 407 per 100,000 live births (1998) to 301 per 100,000 live births (2003).
- The overall relative decline of nearly 24% during 1997—2001 includes a 16% relative decline in the EAG States and in Assam. In contrast, MMR has fallen by 7% in the southern states of Andhra Pradesh, Karnataka, Kerala and Tamil Nadu.
- The leading causes of maternal deaths have been hemorrhage (38%), sepsis (11%) and abortion (8%).

As per the National Population Policy-2000 and National Health Policy-2002, the goal for reduction in Maternal Mortality Ratio (MMR) has been kept at 100 per 100,000 live births to be achieved by the year 2010.

Government of India is actively pursuing these goals under the National Rural Health Mission (NRHM) to reduce the maternal mortality in the country. In order to improve the availability of and access to quality health care including Services for Immunization and Safe Motherhood, the mission seeks to provide effective health care to rural population throughout the country with special focus on 18 States, which have weak public health indicators and/or weak infrastructure. These States are Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Himachal Pradesh, Jharkhand, Jammu & Kashmir, Manipur, Mizoram, Meghalaya, Madhya Pradesh, Nagaland, Orissa, Rajasthan, Sikkim, Tripura, Uttaranchal and Uttar Pradesh. The Mission will operate over a period of seven years from 2005 to 2012. Under

the NRHM, the services provided under the RCH Programme will be strengthened through.

- Implementation of the Janani Surksha Yojana (JSY) under which cash incentives and services are provided to pregnant women for reducing maternal, infant mortality and promoting institutional deliveries.
- In LPS (Low Performing States), all women including SC/STs delivering in the Govt. Health Centres, General Ward of Distt. and State Hospitals and Accredited Private Institutions get the benefit of the scheme.

(LPS: Uttar Pradesh, Uttaranchal, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Assam and Jammu & Kashmir).

- In HPS and North Eastern States, all BPL women aged 19 years and above, all SC/ST women delivering in Govt. Health Centres, General wards of Distt. & State Hospitals and Accredited Private Institutions get the benefits.
- Scale of cash assistance is higher in LPS and has got an ASHA component.
- Appointment of Accredited Social Health Activist (ASHA) for every village with a population up to 1000. ASHA will facilitate the community in accessing health care services and will have specific responsibility of mobilizing pregnant women for antenatal care, institutional delivery and post-natal checks and immunization to children.
- Operationalising 2000 Community Health Centres as First Referral Units (FRU) for providing Emergency Obstetric and Child Health services.
- Making 50% Primary Health Centres functional for providing 24-hour delivery services, over the next five years.
- Ensuring quality of services by implementing Indian Public Health Standards (IPHS) for Primary Healthcare Facilities.
- Ensuring skilled attendance at every birth both in the community and the Institutions.

**Statement**

*Details of Maternal Mortality Rate  
India and Bigger States  
(Source: RGI, SRS, 1998, 2003)*

Major State	MMR (1998)	MMR (2003)
India	407	301
Andhra Pradesh	150	195
Assam	409	490
Bihar	452	371*
Gujarat	28	172
Haryana	103	162
Karnataka	195	228
Kerala	198	110
Madhya Pradesh	498	379*
Maharashtra	135	149
Orissa	367	358
Punjab	178	199
Rajasthan	670	445
Tamil Nadu	79	134
Uttar Pradesh	707	517*
West Bengal	266	194
Others		235

\*Bihar and Jharkhand, MP and Chhattisgarh, UP and Uttaranchal.

**Medical Facilities available to Gazetted Officers under CGHS**

362. SHRI NANDI YELLAIAH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state the complete details of the medical facilities admissible to the Class-I Gazetted Officers of the Government of India vis-a-vis other Government employees under CGHS?